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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/841,265	04/24/2001	Jeff Reynar	60001.0049US01/MS#15468	5. 6007
27488 MERCHANT	7590 10/18/2007 & GOULD (MICROSOF	EXAMINER		
P.O. BOX 2903			SPOONER, LAMONT M	
MINNEAPOLIS, MN 55402-0903			ART UNIT	PAPER NUMBER
			2626	
			MAIL DATE	DELIVERY MODE
			10/18/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

Application No.	Applicant(s)
09/841,265	REYNAR, JEFF
Examiner	Art Unit
Lamont M. Spooner	2626

	<u> </u>			
All participants (applicant, applicant's representative, PTO	personnel):			
(1) <u>Lamont M. Spooner</u> .	(3)			
(2) <u>Carl Turk</u> .	(4)			
Date of Interview: 11 October 2007.				
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representative]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.			
Claim(s) discussed: <u>1,20,21 and 27</u> .				
Identification of prior art discussed: <u>Yamakita (US 5,956,681)</u> .				
Agreement with respect to the claims f)⊠ was reached. ⟨	g) was not reached. h) N/A.			
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's proposed amwill review new amendment as entered along with applicant</u>	endments appear to overcome prior art as cited. Examiner			
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached.	\cdot \cdot			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW A STATEMENT OF THE SUBSTANCE OF THE INTERPUIR REPLY TO THE SUBSTANCE OF T	e last Office action has already been filed, APPLICANT IS OF ONE MONTH OR THIRTY DAYS FROM THIS TERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO			
	HAT M. Your			

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

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Examiner's signature, if required